

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-420)						SERIAL NO. 10/2000000000 APPLICANT(S)		FILING DATE	
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61			
2		1				62			
3			1			63			
4			1			64			
5			1			65			
6		1				66			
7			1			67			
8			1			68			
9			1			69			
10			1			70			
11		1				71			
12			1			72			
13						73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL NO.		13				TOTAL NO.			
TOTAL OFF.		8				TOTAL OFF.			
TOTAL		11				TOTAL			

REF ID: A64444

IRKING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER IN ALCOHOLIC		AFTER IN ALCOHOLIC	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2			1			
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9				1		
10				1		
11			1			
12				1		
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			13			
TOTAL OFF.			8			
TOTAL			11			